

03/20/01

jc772 U.S. PTO

UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No.
2001/00005

First Named Inventor or Application Identifier
Mary A. Reppy et al.

Title
METHOD FOR DETECTING AN ANALYTE
BY FLUORESCENCE

Express Mail Label No.

APPLICATION ELEMENTS

ADDRESS TO: Commissioner for Patents
Box Applications
Washington, D.C. 20231

1. ☒ Filing fee as calculated below.

2. ☒ Applicant claims small entity status
See 37 CFR 1.27.

3. ☒ Specification [Total Pages [45]]
(preferred arrangement set forth below)

- Descriptive title of the invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

☒ Drawing(s) (35 USC 113) [Total Pages [5]]

Oath or Declaration [Total Pages [2]]

a. ☒ Newly executed (original or copy)

b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 16 completed)

i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR 1.63(d)(2)
and 1.33(b)

☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ Microfiche Computer Program (Appendix)

8. ☐ Nucleotide and/or Amino Acid Sequence
Submission (if applicable, all necessary)

a. ☐ Computer Readable Form (CRF)

b. Specification Sequence Listing on:

i. ☐ CD-ROM or CD-R (2 copies); or

ii. ☐ paper

c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment papers (cover sheet & document(s)) SEE NEXT
PAGE FOR ASSIGNEE INFORMATION

10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)

11. ☐ English Translation Document (if applicable)

12. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations

13. ☐ Preliminary Amendment

14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)

15. ☐ Certified copy of Priority Document(s)
(if foreign priority is claimed)

16. ☐ Other:

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an
Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. _____

Prior application information: Examiner _____ Group/Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is
supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference
therein. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No., or Attach bar code
label here)

or ☒ correspondence address below

NAME

ADDRESS

CITY

COUNTRY

Connolly Bove Lodge & Hutz LLP

Suite 800

1990 M Street, N.W.

Washington

STATE

DC

ZIP CODE

20036-3425

U.S.A

TELEPHONE

(202) 331-7111

FAX

(202) 293-6229


Fee Calculation and Transmittal

| (Col 1) | | | (Col 2) | | (Col 3) | | SMALL ENTITY | | NON-SMALL ENTITY | | |
|---|----|-------|---------|--|-----------|--|--------------|--------|------------------|-------|-------|
| NO. FILED | | | | | NO. EXTRA | | RATE | FEE | OR | RATE | FEE |
| TOTAL | 81 | minus | 20 | | = 61 | | x9= | \$549 | | x18= | \$ |
| INDEP | 3 | minus | 3 | | = 0 | | x40= | \$ | | x80= | \$ |
| <input checked="" type="checkbox"/> First Presentation, Multiple Dependent Claims | | | | | | | +135= | \$135 | | +270= | \$ |
| Base Filing Fee | | | | | | | | \$355 | | | \$710 |
| Other Fee (specify purpose) <u>Assignment recordal</u> | | | | | | | | \$40 | | | \$ |
| TOTAL FILING FEE* (accounting for possible small entity status) | | | | | | | | \$1079 | OR | TOTAL | \$ |

- ☒ A check in the amount of \$1079 to cover the filing fee is enclosed
- ☐ No payment is enclosed at this time. Full payment will be made when the executed Declaration is submitted.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. **22-0185** as described below. A duplicate copy of this sheet is enclosed.
- ☐ Charge the amount of \$__ as filing fee
☒ Credit any overpayment.
☒ Charge any additional filing fees required under 37 CFR § 1.16
☒ Charge any additional filing fees required under 37 CFR § 1.17
☒ If filing fee is not enclosed herewith, the filing fee(s) required to Deposit Account No. **22-0185**.

Assignee Name and address:

Analytical Biological Services, Inc.
 Cornell Business Park 701-4
 Wilmington, DE 19801

| | | | |
|-------------------|---|-----------------------------------|------------------------|
| Name (Print/Type) | Burton A. Amernick | Registration No. (Attorney/Agent) | 24,852 |
| Signature |  | | Date March 20, 2001 |